PATENT APPLICATION AND

APR 0 2 2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In recapplication of:

KOji KIKUCHI

Examiner: William D. Coleman

Application No. 09/939,773

Art Unit: 2823

Filed: August 28, 2001

For: MANUFACTURING METHOD OF Α PHASE-SHIFT MASK, METHOD OF FORMING PATTERN Α RESIST AND MANUFACTURING METHOD SEMICONDUCTOR DEVICE

RESPONSE TO ELECTION OF INVENTION REQUIREMENT

Commissioner for Patents Washington, DC 20231

Sir:

In response to the Official Action of March 12, 2003, requiring an election of invention, for which a month was allotted for reply, please amend the above-identified application as follows:

IN THE CLAIMS:

Please amend claims 1 to 15 as set forth below in clean form, as submitted in the Preliminary Amendment as filed. Please cancel claims 11 to 15 without prejudice to their presentation in a divisional application as of right. Additionally, in accordance with 37 CFR 1.121(c)(1)(ii), amended claim(s) is/are set forth in a marked-up version in the page(s) attached to this Amendment.



THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Koji KIKUCHI

Examiner: William D. Coleman

Application No. 09/939,773

Art Unit: 2823

Filed: August 28, 2001

FOR: MANUFACTURING METHOD OF A PHASE-SHIFT MASK, METHOD OF FORMING A RESIST PATTERN AND MANUFACTURING METHOD OF A

SEMICONDUCTOR DEVICE

Commissioner of Patents Washington, DC 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

RECEIVED

APR -4 2003

 \boxtimes No additional fee is required.

The fee has been calculated as shown below

		CL	AIMS AS AMENDE	lD			
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	10	MINUS	20	=0	x \$9 \$18	\$0	
INDEP. CLAIMS	2	MINUS	3	=0	x\$42 \$84	\$0	
Fee for Multiple Dependent Claims \$130/\$260							
				TOTAL ADDITIONAL FEE FOR THIS AMEND- MENT		\$0	

- If the entry in Column 2 is less than the entry in Column 4,
- write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	A Letter to the Official Draftsperson is enclosed.				
	A Change of Address is enclosed.				
	Charge \$ to Deposit Account No. 18-0013. A duplicate copy of this sheet is enclosed.				
	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 18-0013 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 18-0013. A duplicate copy of this sheet is enclosed.				
	Charge \$ to Deposit Account No. 18-0013 to cover the Extension fee for response within month(s).				
\boxtimes	Applicant's undersigned attorney may be reached by telephone ir our Washington D.C. Office at				
	(202) 955-3750.				
	All correspondence should be directed to our below listed address.				
Date:	April 2, 2003 Fonald P. Kananen Reg. No. 24,104				
1233 20 Suite 5 Washing Telepho Facsimi	FISHMAN & GRAUER PLLC OTH Street, NW Soli gton, DC 20036 one: (202) 955-3750 .le: (202) 955-3751 er No. 23353				